

# Part C State Annual Performance Report for FFY13

Department for Public Health January 30, 2015



#### Introduction

The Kentucky Early Intervention System (commonly known as First Steps) is comprised of fifteen (15) regional local lead agencies, Points of Entry (POE). The majority of POEs are funded through contracts with Local Health Departments and Comprehensive Mental Health Centers. One POE is jointly funded through a local hospital and a Comprehensive Mental Health Center. All service coordination is provided by POE staff. Early intervention providers are contracted by the State Lead Agency (SLA) to provide services within a specific catchment area. General Supervision is provided by staff at the SLA. The attached organization chart is a visual depiction of the Kentucky Part C system. Kentucky uses an online data management system known as the Technology-Assisted Observation and Teaming System (TOTS). TOTS provides an electronic early intervention record for each child referred to First Steps, along with financial and management data based on child data in the system. The Cabinet for Health and Family Services, Department for Public Health is the lead agency, designated by the Governor in 2004.

#### Stakeholder Input o Development of State Performance Plan/Annual Performance Report

Input from stakeholders in Kentucky has been a continual process since the program was transferred from the Commission for Children with Special Health Care Needs to the Department for Public Health in July 2004. Stakeholders have included parents, Early Intervention Service Providers, State Lead Agency (SLA) staff, contracted staff, Interagency Coordinating Council (ICC) members, Point of Entry (POE) staff (including Service Coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state have been represented.

The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) includes gathering data, cleaning and verifying data, and writing of narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists as needed with the drafting of the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. Each year a formal presentation of the SPP/APR is provided to the ICC. Discussion of each indicator is held with suggested revisions provided to the SLA. The ICC has certified the APR each year due to this collaborative process for development.

Annually, the SPP and APR are both posted on the First Steps website at: <a href="http://chfs.ky.gov/dph/firstSteps/First+Steps+Annual+Reports.htm">http://chfs.ky.gov/dph/firstSteps/First+Steps+Annual+Reports.htm</a> upon submission to the US Department of Education, Office of Special Education Programs.

Each year the SPP and Annual Performance Report (APR) is presented to the Interagency Coordinating Council (ICC) for input on the document. Any revision to a target is first developed by a workgroup with knowledge and expertise concerning the Indicator. Then, the proposed targets are disseminated to the First Steps listserv (over 1300 interested parents, advocates, early intervention providers, university and college faculty, and representatives of various state and local agencies). The proposed targets are also posted on the First Steps website with information on how to submit feedback. Feedback is also sought from the ICC as well prior to the formal certification of the SPP/APR.

#### Dissemination of the SPP to the Public

The SPP is published on the First Steps website upon submission to OSEP. The web address is: <a href="http://chfs.ky.gov/dph/firststeps.htm">http://chfs.ky.gov/dph/firststeps.htm</a>. Interested parties without web access can contact the State Lead Agency for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library. The same method is used for dissemination of the Annual Performance Report (APR). A yearly article in the First Steps newsletter is an "APR Results At-A-Glance".

#### **General Supervision**

Various methods are used to assess compliance with regulation and contract. Checklists that identify each regulatory item for the early intervention record allows for indication of what was reviewed—the online data management system, TOTS, and/or the hard copy file. Interview questions are tailored to the role being assessed—POE Manager, Service Coordinator, District Child Evaluation Specialist, Administrative Staff, or Early Intervention Services Provider. Other methods used to support General Supervision include time and effort studies, analysis of multiple reports (trend reports, ad hoc reports specific to an area of concern or question, faxed verification documents) and review of anecdotal information from parents and early intervention service providers.

Contracts with the POEs and early intervention providers require compliance with all applicable federal and state statutes and regulations. Contracts are enforced with noncompliance addressed by corrective action plans, technical assistance,

and training. Failure to correct noncompliance in a timely manner results in sanctions that range from restricting services to financial penalties, and ultimately, contract termination.

The SLA has a variety of enforcement actions to use in conjunction with local determinations, lack of timely correction of noncompliance, or other circumstances that warrant SLA actions. Enforcement actions include, but are not limited to:

- o Required POE or Provider selected on-site technical assistance;
- SLA prescribed on-site technical assistance;
- o On-site technical assistance with POE administration, including fiscal agency management;
- Required increased frequency of technical assistance phone calls to POE Manager that addresses areas of concern and noncompliance;
- o Focused onsite monitoring on a specific area of noncompliance;
- Development or revision of a professional development plan to include identifying and implementing profession development related to the areas of noncompliance;
- POE and/or service provider required to complete record reviews at a frequency determined by the SLA and verified by the SLA staff;
- POE linked to other districts or service providers demonstrating best practices in the identified area(s)
  of noncompliance for mentoring;
- POE Manager and/or service providers required to collect and analyze data related to area(s) of noncompliance at a frequency determined by the SLA and reviewed with SLA staff;
- Required meeting with POE Administration, District Early Intervention Council (DEIC) Chairperson,
   SLA staff and Part C Coordinator to discuss barriers to compliance, Corrective Action Plan strategies and additional avenues for technical assistance and support;
- Withhold district POE payments, or if it is determined that one or more provider/providers are responsible for an area of noncompliance, withhold payment from the provider(s);
- Recover funds: and
- Terminate the district POE contract or, if it is determined that one or more providers are responsible for an area of noncompliance, terminate the provider contract(s).

#### Comprehensive Reviews (POE and Providers)

Comprehensive reviews are conducted on POEs and Early Intervention Providers periodically. The Comprehensive Review consists of an on-site review of a sampling of the hard copy early intervention records maintained by the POE. Staff are also interviewed using targeted questions addressing specific tasks. Early Intervention Provider's records are reviewed based upon a sampling of their caseload.

Each record reviewed on-site undergoes a desk audit of the electronic record in TOTS. This process includes review of the child and family assessments, IFSPs, service logs, transition (if applicable), and communication logs. Signed forms are matched to entries in TOTS to verify dates. A formal detailed report is sent to the POE or Early Intervention Provider, citing instances of noncompliance and requirements for corrective action.

#### Monthly POE Data Reports

POEs are required to submit monthly data reports for the State Performance Plan compliance indicators 1(provision of timely services), 7 (IFSP within 45 days), and 8C (timely transition conference). POE Managers must review all instances of missed timelines and verify the accuracy of the reason for delay. The data reports are then verified by SLA staff. Cases where there is a disagreement between the POE Manager and SLA staff are referred back to the POE Manager for additional review and clarification. Final resolution is determined by the SLA.

#### Desk Audits of the POEs and Early Intervention Providers

Kentucky SLA staff routinely conducts desk audits of three specific areas of service delivery to assess fidelity and quality:

- Family Assessment fidelity checks—POE Managers conduct fidelity checks on the Family Assessments
  done by their staff. A representative sample of cases are reviewed using a checklist specifically designed
  for the Routines-Based Interview© process adopted by Kentucky. SLA staff, who are certified trainers in
  the Routines-Based Interview©, review the fidelity reports and provide technical assistance as needed.
- o Assessment and Progress Report Reviews—Assessment reports and progress reports are reviewed through a desk audit. Both reports are entered into TOTS by the provider and assessment reports are tied to payment. Manual review for payment approval includes verification that the report is complete with no errors such as missing scores, wrong child's name in report, etc. Assessment data entry required for child outcomes measurement is also verified. Progress Reports are reviewed for use of data to support narrative description of progress. Both types of reports are checked for compliance to timelines for entry.
- o Provider Service Log Reviews—Service logs are reviewed periodically for:

- Delivery of appropriate early intervention services;
- Implementation of Primary Service Provider model;
- Connection of services to IFSP outcomes; and,
- Consistency with concerns/priorities identified in the Family Assessment.

#### Billing Audits of the POEs and Early Intervention Providers

Review of the billing records for a POE or Early Intervention Provider are conducted when there is a suspicion of billing irregularities. Claims are matched to the IFSP authorizations and service logs. Should billing irregularities be identified, the review is forwarded to the Office of the Inspector General for further investigation. The provider agency is suspended from new referrals while the investigation is pending. In the case of a POE, payment of submitted invoices are suspended (in part or in full) while the investigation is pending.

#### **District Determinations**

All State Performance Plan indicators (compliance and results) are assessed as part of the District Determination process. District Determinations are issued in June (within the timelines established by law) and posted on the website. Each indicator is assigned a point value based upon exceeding/meeting or not meeting the target for the indicator. The total point score is then compared to a scale that provides the cut-off score for each level of the determination (Meets Requirements, Needs Assistance, Needs Improvement, and Needs Substantial Improvement). Any POE that does not achieve "Meets Requirements" must participate in technical assistance. POEs that achieve a designation of Needs Improvement or Needs Substantial Improvement must implement a state-directed corrective action plan.

#### Corrective Action Plans (CAP)

The CAP is a plan that is implemented by the POE or early intervention provider. It describes a set of integrated strategies that address contributing factors impacting noncompliance and performance of SPP/APR indicators or other areas of noncompliance. CAP strategies are designed to ensure correction of noncompliance as soon as possible but no later than one year from the date of the SLA's written notification of the finding.

#### POE CAP

POE, in collaboration with district stakeholders, is responsible for developing a CAP following completion of the investigation of contributing factors (local contributing factor tool) of noncompliance. SLA staff supports the POE in investigating contributing factors and in developing the CAP. The CAP must address all areas of noncompliance identified by the state and is a plan of correction for the POE and its providers. The POE submits a final CAP to the SLA by August 15<sup>th</sup> when the CAP is associated with the SPP/APR. The SLA notifies the POE of approval of the CAP by August 31<sup>st</sup> and in collaboration with each POE, establishes benchmarks in CAP for each indicator that has noncompliance. If a CAP is not approved by the SLA, SLA staff will work with the POE to revise the CAP and gain approval within 30 days of the written notification of disapproval. POE is responsible for implementing CAP strategies and reviewing data to ensure progress in accordance with established CAP benchmarks. SLA staff will provide support to the POE in implementing the CAP.

CAPs that involve contract obligations or related items are handled in a similar manner but approval date by the SLA is dependent upon the issue found to be noncompliant.

#### Early Intervention Service Provider CAP

Early Intervention Service Providers (Provider) may be responsible for developing a CAP following completion of the investigation of contributing factors (local contributing factor tool) of noncompliance. SLA staff supports the provider in the investigation of contributing factors and in developing the CAP. The CAP must address all areas of noncompliance identified by the state. The provider submits a final CAP to the SLA by the date designated by the SLA. The SLA notifies the POE of approval of the CAP no later than thirty (30) days from date of submission and in collaboration with the provider, establishes benchmarks in CAP for each noncompliance. If a CAP is not approved by the SLA, SLA staff will work with the Provider to revise the CAP and gain approval within 30 days of the written notification of disapproval. The Provider is responsible for implementing CAP strategies and reviewing data to ensure progress in accordance with established CAP benchmarks. SLA staff provides support to the provider in implementing the CAP.

CAPs that involve contract obligations or related items are handled in a similar manner but approval date by the SLA is dependent upon the issue found to be noncompliant.

#### State-Directed CAPs

There are instances where the POE or Provider has committed a noncompliance that has no variation in the actions required for correction. The SLA develops the CAP by identifying the strategies the POE or Provider must take for correction.

#### Dispute Resolution System

Kentucky adopted the Part C dispute resolution provisions of the Individual with Disabilities Education Act.

#### Complaint Investigations: Formal Complaints

A formal complaint is defined as a written, signed complaint. All formal complaints are investigated as appropriate within sixty (60) days of receipt of the complaint.

- During the investigation process the Early Intervention Provider is suspended from receiving new referrals but is allowed to continue to provide ongoing services for the children currently on his or her caseload.
- The investigation involves a desk audit of the TOTS records for other children on the provider's current caseload as well as interviews of other parents to determine if the complaint is a systemic issue for the Provider.
- Once the investigation is completed the Provider is either released from the suspension with no finding of noncompliance or is released from the suspension with a finding of noncompliance.
- When a finding of noncompliance is issued to the provider the Provider either develops a corrective action plan or is placed under a state directed corrective action plan.
- o The complainant is notified of the investigation findings.

#### Complaint Investigations: Informal Complaints

Informal complaints are defined as complaints that are not written but rather are provided to the SLA and/or POE by telephone or email. The issue is not related to a specific child or to systemic issues related to regulation but may involve topics such as late arrival for service provision, late response to phone calls, number of referrals another provider receives, etc. Informal complaints are tracked for monitoring of trends related to a particular service provider or service delivery area. Receipt of at least three informal complaints about an Early Intervention Provider is investigated as a formal complaint.

#### Mediation

Each POE ensures that parties may resolve disputes concerning the identification, evaluation, placement of the child or the provision of appropriate early intervention services through a mediation process. This process is available if a due process hearing is requested. The Department for Public Health has a mediation system that is voluntary and does not deny or delay a parent's right to a due process hearing to be conducted at any time. Both parties in the dispute must agree to use mediation. Children continue to receive the early intervention services currently being provided during the interim of any proceeding involving a complaint. If the complaint involves the application for initial services, the child receives that are not in dispute.

Within five (5) working days after a request for mediation is made to the SLA using a Mediation/Due Process Request Form, a trained mediator is appointed. One of the parties may waive the mediation and, if waived, the parents are informed by the SLA within two (2) working days of this decision. Mediation is completed within thirty (30) working days of the receipt by the SLA of the request for mediation.

At any time during the mediation process, a request for a due process hearing may be initiated. If the parties resolve a dispute through the mediation process, the parties execute a legally binding agreement that is signed by both the parent and a representative of the SLA who has the authority to enter into an agreement. A copy of the legally binding agreement is then mailed by the mediator to each party within five (5) working days following the mediation conference. A copy shall be filed by the mediator with the SLA. Discussions that occur during the mediation process are confidential and cannot be used as evidence in any subsequent due process hearing or civil proceeding. The parties to the mediation process are required to sign a confidentiality pledge prior to the start of the mediation.

#### Due Process Hearings for Parents and Children

An administrative hearing is conducted within fifteen (15) days of receipt of a request for hearing by an impartial hearing officer appointed by the Secretary of the Cabinet. The hearing is conducted in accordance with the requirements of state law, KRS Chapter 13B.080. A recommended decision conforming in content to the requirements of KRS 13B.110 is forwarded to the family and the Cabinet within ten (10) days of the administrative hearing. A final decision on the recommendation by the administrative hearing officer shall be made no later than thirty (30) days by the Secretary of the Cabinet.

#### **Technical Assistance**

The State Lead Agency (SLA) has dedicated staff for training and technical assistance that includes the Part C Assistant Coordinator, two technical assistance positions located at the SLA, and one part-time technical assistance position located in Bowling Green, KY (shared position with Kentucky Birth Surveillance Registry). SLA staff addresses implementation of early intervention practices in the provision of the technical assistance, emphasizing evidence-based practices.

Contracts with University of Kentucky and University of Louisville staffs provide technical assistance on assessment and evaluation practices for both Point of Entry staff and early intervention providers.

Additional training and technical assistance is provided by other SLA staff as needed and typically related to general supervision. SLA staff assists districts in understanding and analyzing district data, developing and monitoring CAPs and self-assessments, and in providing ongoing training related to compliance. Indirect technical assistance is provided through newsletter articles and webinars highlighting specific evidenced-based practices.

#### **Professional Development**

On-going training is required for all service personnel in First Steps. This is established in contract for Point of Entry staff and all Early Intervention Service Providers. Training must have prior approval by the State Lead Agency (SLA) for credit hours to meet contract requirements. Training is provided through webinar, online modules and face-to-face. The SLA purchased the Adobe Connect system for webinar and online training purposes approximately three years ago. The system provides a learner tracking system so that the SLA can monitor compliance to required trainings. Initially, significant staff time was needed to learn the system and develop the core online training modules. Modules are added and/or revised when needed.

The SLA also contracts for the provision of specific training:

- University of Louisville provides training to POE Managers and DCESs.
- University of Kentucky provides training for approved assessment instruments (used for outcome measures) and operation of the online data entry portal.
- The Visually Impaired Preschool Services (VIPS), a private agency located in Louisville, provides training on evidenced-based interventions for infants and toddlers with visual impairments.
- Wendell-Foster Campus for Developmental Disabilities hosts an online assistive technology community of practice.

#### SLA Training Initiatives

Early Identification of Autism: Beginning in 2011, the SLA launched an initiative to support early identification of Autism Spectrum Disorders. This ongoing initiative was an interagency approach with representatives of the Kentucky Department of Education and Department of Behavioral Health, Intellectual and Developmental Disabilities participating in training events. Initial training focused on screening. Participants received child find materials adapted from the Centers for Disease Control "Act Early" campaign and were trained on the administration of the M-CHAT Revised and the Screening Tool for Autism in Toddlers (STAT) screening instruments. Later trainings introduced the administration of The Autism Diagnostic Observation Schedule (ADOS) to the District Child Evaluation Specialists. Reliability training is the follow-up on this specific instrument.

<u>Working with Toddlers with Autism:</u> An extensive course on autism was developed for early intervention service providers. This training involves multiple sessions that includes webinars, face-to-face sessions, and follow-up coaching/problem-solving sessions. Two Hanen Centre programs were provided for specific early intervention provider types: *Target Word* was provided to speech and language pathologists who had completed the prerequisite course, *It Takes Two to Talk*, and *Everyday Interactions for Early Intervention* was provided to developmental interventionists and occupational therapists. Future planned trainings to support this initiative include a series of hybrid training (combination face-to-face and online) on Sensory Processing in Natural Contexts. Topics include:

- sensory processing assessment with differential diagnostic considerations;
- strengths-based practices overview;
- documentation of coaching and skill transfer using strengths-based language; and,
- imbedding interventions with natural context.

<u>Family Assessment</u>: The SLA also targeted the Family Assessment for significant improvement. The three training and technical assistance staff at the SLA obtained certification as trainers of *The Routine-Based Interview*© by Robin

McWilliam. Dr. McWilliam was then contracted to train one service coordinator from each of the POEs; those who became certified trainers in this process are regional support to help build local capacity. All service coordinators are trained in *The Routine-Based Interview*© and periodic fidelity checks are conducted by both the POE Managers and the SLA certified trainers. Coaching is provided regularly to address issues uncovered in the fidelity checks and to keep service coordinators aware of the critical importance this evidence-based practice has in the development of IFSPs.

<u>Improved Assessment Reports:</u> The SLA convened a workgroup to identify needed revisions to the TOTS assessment report template that would drive strength-based assessment reports in 2012. Subsequently, guidance documents and examples of well-written reports have been disseminated. An online module for the Adobe training system is currently under development.

#### **Training Collaboration with Other State Initiatives**

<u>Help Me Grow and HANDS Home Visiting:</u> Collaborative training on the *Ages& Stages Questionnaire* screeners is conducted with First Steps, Help Me Grow, and HANDS home visiting staffs.

Race to the Top-Early Learning Challenge (RTT-ELC) Grant: First Steps is represented on the Training and Technical Assistance workgroup of the Kentucky Strengthening Families Initiative. This major activity for family engagement is one of the major activities cited in the Race to the Top Early Learning Challenge grant awarded to Kentucky and overseen by the Governor's Office of Early Childhood. At this point, training has begun with over fifteen different agencies and programs. First Steps also participates in the planning of the annual Ready Kids Conference, which addresses issues for the age span of birth to five.

Governor's Office of Early Childhood, Early Childhood Advisory Council (ECAC): First Steps is a participating program on the Professional Development workgroup of the Early Childhood Advisory Council (ECAC). Representatives of First Steps are part of the group who will review the Early Learning Standards online modules developed by KET public television. As the quality rating system for early childhood activities roll-out as planned in the RTT-ELC, opportunities for joint training and other collaborations will occur.

Governor's Advisory Council on Autism Spectrum Disorder: The Part C Coordinator is an appointed member of this Council and sits on the Early Childhood Subcommittee. Opportunities for collaboration regarding training will be identified by this committee. Prior to the Council formation, First Steps assisted the ad hoc group with grant writing for funds to support early identification of very young children with Autism Spectrum Disorder.

Early Hearing Detection and Intervention (EDHI): The lead agency for EDHI, the Commission for Children with Special Health Care Needs (CCSHCN), and First Steps has worked together for approximately four (4) years to identify and treat infants with hearing loss. Through a grant, the CCSHCN has provided Otoacoustic Emissions (OAE) equipment to POEs and provides the necessary training for optimal use.

Kentucky Commission for Deaf and Hard of Hearing and Statewide Educational Resource Center on Deafness: A memorandum of agreement has been developed to support parent training (using the SKI-HI Curriculum) provided by the Statewide Resource Center on Deafness in conjunction with the Kentucky Commission for Deaf and Hard of Hearing.

<u>Division of Child Care:</u> First Steps participates in planning for the Infant-Toddler Institute along with representatives of child care and HANDS. This Institute will be held as regional meetings for the first time in 2015.

#### **Indicator 1: Timely Provision of Services**

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### **Historical Data and Targets**

#### Historical Data

Baseline Year: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	79%	80%	81%	74.70%	87%	91%	98.82%	99.61%

#### FFY 2013 - FFY 2018 Taraets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

#### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section in the Introduction

#### FFY 2013 Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data
6958	7012	99.87%

#### What is the source of the data provided for this indicator?

#### State monitoring

Describe the method used to select EIS programs for monitoring.

#### X State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Every IFSP (initial, annual, six-month, and requested review IFSPs) is entered into TOTS, the online database management system. Planned services, the section of the IFSP that contains all services to be provided during the period of the IFSP, also serves as the authorization for each service. The date of the IFSP meeting is matched to the date of service delivery for the first payment claim and the number of days between date of the IFSP and date of service is calculated. A report (Timely Services) is available for the time period designated that lists every initial date of service for all IFSPs during the reporting period. Timely Services reports are reviewed monthly at the Point of Entry, then verified by the State Lead Agency staff. As part of the preparation of the State Performance Plan report, a different State Lead Agency staff person reviews and verifies the state report. The

results are then compared with the monthly reports submitted as part of general supervision for consistency.

#### Additional Information for this Indicator:

Forty-five initial services were delivered beyond 30 days of the IFSP meeting. This is 0.13% of all initial services. The range in days late was one (1) to forty-nine (49) days. Six (6) children received late initial services due to the a change in foster homes and the time it took to be notified of the new foster home location and foster parent. Early intervention providers and the service coordinators for these children had to wait on child protective services caseworkers. Thirty-nine (39) late cases were the fault of the provider who did not schedule the first visit during the thirty (30) day window. 80% or thirty-six (36) cases had services delivered within thirty-eight (38) days with the majority of those services delivered within thirty-two (32) days.

A change in the practice of service coordinators appears to have a positive impact on this indicator. Those who had the early intervention providers schedule the initial service visit before leaving the IFSP meeting or who periodically called to prompt the provider to get the visit scheduled had very few or no late services. Several POE Managers held meetings with early intervention providers that addressed the importance of timely service delivery that can also be attributed to compliance with this indicator.

#### Actions required in FFY 2012 response table

None

#### Responses to actions required in FFY 2012 response table not including correction of noncompliance

No actions required

#### **Correction of Previous Findings of Noncompliance**

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified			Findings Not Yet Verified as Corrected	
8	8	0	0	

#### FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each Local Lead Agency (LLA) with noncompliance is correctly implementing the regulatory requirements

The SLA verified correction of findings by implementing the following steps:

- Reviewed child's record on the TOTS system focusing on date of the IFSP and the date of initial service delivery according to service logs entered by the provider in TOTS. Billing claims were also reviewed to match service log. Each finding of noncompliance was checked to ensure that services were delivered, even when later than 30 days from the IFSP date.
- 2. Reviewed data to determine if the reason for delay was a family-driven reason, service provider-driven reason or if the data were a result of a computer programming error.
- Providers who were found to have delayed timely services were notified that the delay was unacceptable. The notice informed the provider that additional instances of noncompliance would result in suspension of their contract to provide early intervention services.
- 4. Monthly desk audits of the POE performance on this indicator were conducted to ensure that the applicable regulations were implemented properly.

Describe how the State verified that each LLA corrected each individual case of noncompliance

The SLA verified correction of individual child findings by implementing a similar process as described to verify correction by the POE (local lead agency):

- Reviewed each child's record with a finding of non-compliance on the TOTS system focusing on date of the IFSP and the date of initial service delivery according to service logs entered by the provider in TOTS. Billing claims were also reviewed to match service log. Each finding of noncompliance was checked to ensure that services were delivered, even when later than 30 days from the IFSP date.
- Reviewed data to determine if the reason for delay was a family-driven reason, service provider-driven reason or if the data were a result of a computer programming error.
- Providers who were found to have delayed timely services were notified that the delay was unacceptable. The notice informed the provider that additional instances of noncompliance would result in suspension of their contract to provide early intervention services.
- Quarterly desk audits of the provider's performance on this indicator were conducted to ensure that the applicable regulations were implemented properly.

#### **Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### **Historical Data and Targets**

#### Historical Data

Baseline Year: \_\_\_\_2005\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%
Data	98.70%	99.30%	99.50%	99.50%	99.40%	99.50%	99.56%	99.56%

#### FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%

#### Targets: Description of Stakeholder Input

See Stakeholder Inputsection in Introduction

#### FFY 2013 Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data
4129	4163	99.18%

#### **Required Actions**

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

#### **Indicator 3: Early Childhood Outcomes**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### **Historical Data and Targets**

#### Historical Data

11150	Installation Data						
	Baseline	FFY	2008	2009	2010	2011	2012
	Year	FFI	2008	2009	2010	2011	2012
A1	2008	Target ≥		62%	72%	71.50%	80%
71	2008	Data	70.10%	66.80%	92%	91%	90%
A2	2008	Target ≥		31%	60%	61%	62.50%
AZ	2006	Data	48.10%	62.40%	55%	52%	73%
B1	2008	Target ≥		50%	63%	76%	85%
B1	2000	Data	61.80%	67.70%	95%	95%	93%
B2	2008	Target ≥		26%	55%	56%	57.50%
BZ	2008	Data	28.80%	57.40%	48%	48%	75%
C1	2008	Target ≥		50%	62%	76%	80%
	2006	Data	57.30%	67.20%	90%	90%	88%
C2	2008	Target ≥		26%	52%	53%	54.50%
C2	2008	Data	29.10%	56.70%	30%	29%	58%

#### FFV 2013 - FFV 2018 Targets

FF1 2015 - FF1 2010 Turgets							
FFY	2013	2014	2015	2016	2017	2018	
Target A1 ≥	86%	86.01%	86.02%	86.03%	86.04%	86.05%	
Target A2 ≥	68.98%	68.98%	68.99%	69%	69%	69%	
Target B1 ≥	90.66%	90.66%	90.67%	90.6%8	90.69%	90.70%	
Target B2 ≥	71.54%	71.54%	71.55%	71.55%	71.55%	71.55%	
Target C1 ≥	85.77%	85.77%	85.78%	85.79%	85.80%	85.80%	
Target C2 ≥	53.80%	53.80%	53.81%	53.82%	53.83%	53.84%	

#### Targets: Description of Stakeholder Input

Kentucky monitors child outcome data through a system that is based on the *Kentucky Early Childhood Standards* (KDE, 2002; Revised 2012), which were developed for all children ages birth to five years. This system was adopted by Part C in 2006-2007 and has been used since that time for Office of Special Education Programs (OSEP) child outcome and summary statement reporting.

The University of Kentucky (UK) houses the Kentucky Early Childhood Data System (KEDS). KEDS is a web-based platform for gathering data from multiple providers for progress monitoring on the *Kentucky Early Childhood Standards* (KDE, 2002; Revised 2012) and OSEP child outcome and summary statements. Demographic data for each child were

gathered through the Technology-Assisted Observation and Teaming Support System (TOTS), downloaded to KEDS, and verified by providers across the state. Considerable training and technical assistance for Early Intervention Service Providers, Part C state staff, and POE administrators has been provided to help ensure accuracy of data. Assessment data were entered in KEDS online by a designated IFSP team member, the Primary Service Provider. Since October 2010, KEDS online included a verification step to ensure that all *initial* assessments were complete in KEDS prior to payment to providers for the assessment. As of September 2011, all *annual* assessments also were required to be entered in KEDS prior to payment. These steps significantly increased the number of complete assessments in KEDS with which to inform data analyses.

Data analysis for OSEP reporting is based on two levels of detailed crosswalks. First, specific items on each approved assessment instrument were aligned to the *Kentucky Early Childhood Standards* (KDE, 2002) and benchmarks by the publishers of the approved assessment instruments. These alignments were reviewed, revised, and approved by state early childhood staff at both the SLA and Kentucky Department of Education. Then, each instrument crosswalk was reviewed by an expert panel (including assessment and child development expert representatives) to ensure coverage of the developmental continuum as well as alignment with Kentucky standards and benchmarks. The expert panel mapped individual items to benchmarks, and then age-anchored all items.

Each year, a workgroup group reviews Indicator 3 data and compares it to previous years' data as well as any national data available from the Early Childhood Outcomes Center. Due to the growth in the data pool and shifts attributed to that growth, targets are reviewed. The workgroup conducts a thorough study of the targets, current performance results, and past performance and targets to determine if the targets are appropriate. A set of revised targets are then presented to the larger stakeholder group who reviews the SPP/APR for input.

#### FFY 2013 Data

Number of infants and toddlers with IFSPs assessed	3050
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of children
a. Infants and toddlers who did not improve functioning	106
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	155
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	685
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	969
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1135

	Numerator	Denominator	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $Expected \ calculation: (c+d)/(a+b+c+d)$	1654	1915	86.37%
A2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program $Expected\ calculation: (d+e)/(a+b+c+d+e)$	2104	3050	68.98%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

	Number of Children
a. Infants and toddlers who did not improve functioning	56
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	121
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	691
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1028
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1154

	Numerator	Denominator	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program  Expected calculation: (c+d)/(a+b+c+d)	1719	1896	90.66%
B2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program $Expected\ calculation: (d+e)/(a+b+c+d+e)$	2182	3050	71.54%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	79
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	294
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1036
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1213
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	428

	Numerator	Denominator	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program  Expected calculation: (c+d)/(a+b+c+d)	2249	2622	85.77%

C2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program	1641	3050	53.80%
Expected calculation: $(d+e)/(a+b+c+d+e)$			

Was sampling	used?	No
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Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? \_\_\_No\_\_\_ If not, provide the criteria for defining "comparable to same-aged peers" and list the instruments and procedures used to gather data for this indicator.

Three assessment instruments were selected for monitoring children's progress: the Assessment, Evaluation and Programming System for Infants and Children Second Edition (AEPS; Bricker et al. 2002) for children aged birth to three years, the Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN; Johnson-Martin et al., 2004), and the Hawaii Early Learning Profile (HELP; Parks, 2006) for children aged birth to three years. These instruments were selected based on their use in the field, their technical adequacy, use of functional goals and multiple domains, utility for diverse populations, use of multiple modalities for collecting data, involvement of families, and ease of administration.

Initial evaluators and Primary Service Providers (PSP) use one or more of these instruments to assess children at entry to Part C, prior to the annual IFSP, and prior to exit from Part C. Each item from the periodic assessment instrument is entered into the data entry portal at the Kentucky Early Childhood Data System (KEDS).

To determine an age anchor, the panel utilized the age intervals already identified by the assessment, compared items in question to those similar items from other assessments, and examined where items fell on recommended behavioral sequences. All items were then assigned to a three (3) month age band to determine "age-appropriate functioning." A second level crosswalk was then completed so that Kentucky's benchmarks and standards were linked to the three OSEP child outcomes.

#### **Required Actions**

#### Actions and Responses required in FFY 2012 response table

The State must report progress data and actual target data for the FFY 2013 in the FFY 2013 APR. Both progress data and actual target data are included in this report for FFY13. See the FFY 13 data section.

#### Additional Information

A significant increase in the number of children with complete assessments, over a thousand children, occurred during this reporting year despite a lower number of children exiting First Steps during FFY13. The FFY13 results represent 3050 children which is 75% of exiting children (n=4091). The FFY12 report was based on 2033 children, which was 47% of the total exiting children (n=4369). Emphasis on the importance of assessment and it's use in IFSP service planning and increased focus on the percentage of usuable data at each POE appears to have influenced this positive trend. State lead agency policies regarding payment for complete initial and annual assessments also contibuted to the increased data pool. Assessment claims are not approved withou timely completion of the written assessment report and outcome data entry.

#### **Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### **Historical Data and Targets**

#### Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
Α	2007	Target ≥				84.20%	85.20%	86.20%	86.80%	87.00%
A	2007	Data		82.20%	83.20%	86.48%	94.10%	97.81%	97.80%	95.99%
В	2007	Target ≥				75.30%	76.30%	77.30%	97.80% 95.99% 80% 80% 97.80% 96.95%	
В	2007	Data			74.30%	92.01%	93.10%	98.22%	97.80%	96.95%
С	2007	Target ≥				90.10%	90.60%	91.10%	91.50%	91.80%
	2007	Data		89.60%	89.60%	92.68%	92.10%	96.53%	96.76%	97.07%

In review of the historical data, there were a few corrections that were noted. The baseline year was corrected from 2006 to 2007. Percentages were incorrect in 2006 for A, B and C and for B and C in 2007. There was also a correction made in the target for 2010 section C from 91.60% to 91.1%.

#### Other historical data to consider:

In FFY 2008, KY changed the survey used for collecting data on Indicator 4. Use of the Early Childhood Outcomes Center (ECO) Family Survey was adopted after a thorough discussion by stakeholders held December 15, 2007 based on the poor response rate using the NCSEAM Parent survey. At that time, all families with children with IFSPs were surveyed.

In FFY 2010, KY altered the method of dissemination of the Family Survey. As a cost saving measure an online version of the survey was available to families with email addresses. Sampling was also instituted. A list of families whose child had participated in First Steps within a 120 day period was pulled from TOTS. (These families were sent the online version and/or the hard copy version of the family survey.) From that list, all families that had an email address were sent an online survey to complete. Once the deadline for the online surveys was complete, a list of the remaining names and addresses of the First Steps program participants (census) was generated by TOTS. Only families who did not respond to the online survey were sent a hard copy survey through the mail. The hard copy of the survey was printed on the front and back pages in English and Spanish. (In the past, all families were surveyed by paper surveys who had received early intervention services during the full year.) The changes in the population surveyed were approved by the state's OSEP project officer in FFY 2010.

#### FFY 2013 - FFY 2018 Taraets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%
Target B ≥	99.52%	99.52%	99.52%	99.52%	99.52%	99.52%
Target C ≥	99.03%	99.03%	99.03%	99.03%	99.03%	99.03%

#### Targets: Description of Stakeholder Input

Please refer to the stakeholder section of the SPP/APR Introduction

#### FFY 2013 Data

Number of respondent families participating in Part C	1447
a. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1439
b. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1440
c. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1433

	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights  (a divided by the number of respondent families participating in Part C)	99.45%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs  (b divided by the number of respondent families participating in Part C)	99.52%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (c divided by the number of respondent families participating in Part C)	99.03%

Was samp	oling used?YES
lf	so, has your previously-approved sampling plan changed?No
D	escribe the sampling methodology outlining how the design will yield valid and reliable estimates.

In FFY 2008, KY changed the survey used for collecting data on Indicator 4. Use of the Early Childhood Outcomes Center (ECO) Family Survey was adopted after a thorough discussion by stakeholders held December 15, 2007 based on the poor response rate using the NCSEAM Parent survey. At that time, all families with children with IFSPs were surveyed.

In FFY 2010, KY altered the method of dissemination of the Family Survey. As a cost saving measure an online version of the survey was available to families with email addresses. Sampling was also instituted. A list of families whose child had participated in First Steps within a 120 day period was pulled from TOTS. (These families were sent the online version and/or the hard copy version of the family survey.) From that list, all families that had an email address were sent an online survey to complete. Once the deadline for the online surveys was complete, a list of the remaining names and addresses of the First Steps program participants (census) was generated by TOTS. Only families who did not respond to the online survey were sent a hard copy survey through the mail. The hard copy of the survey was printed on the front and back pages in English and Spanish. (In the past, all families were surveyed by paper surveys who had received early intervention services during the full year.) The changes in the population surveyed were approved by the state's OSEP project officer in FFY 2010.

Ν	as a	a col	lection	tool	used?	Y	'es

If so, is it a new or revised collection tool?	_New tool adopted in 200	8 and approved by OSE	P in 2008_
Does the data accurately represent the der	mographics of the State?	Yes	

### Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

Kentucky uses Section B of the ECO Family Outcomes Survey. Section B focuses on the three helpfulness indicators required for OSEP reporting and contains seventeen (17) items. Section B uses a 5-point scale and assesses the helpfulness of early intervention, ranging from 1= Not at all helpful, 2= A little helpful, 3= Somewhat helpful, 4= Very helpful, 5= Extremely helpful. For the fourth year, an online version of the survey was made available to families with email addresses. Families who did not have an email address on file were sent a hard copy survey through the mail. Contact was attempted to administer the survey to families whose child received early intervention services during the previous 120 days. This method of surveying was approved by the state's OSEP project officer in FFY 2010.

Total number of Family Outcomes surveys disseminated: 4904

Total number of returned surveys: Total: \*1551(1252 by mail and 299 by email)

\*This number represents the total number of surveys that were returned to the State Lead Agency. This total includes incomplete surveys that were submitted.

The total number of respondent families participating in Part C that submitted complete surveys is 1447.

To calculate the percentages, the total number of positive responses for each statement was divided by the total number of responses. The resulting number was then multiplied by 100.

A random sample of surveys entered into the database by SLA staff was reviewed for entry accuracy. No such review of the accuracy of parent entered data is possible. Family survey results are consistent with previous survey results which leads the SLA to accept the data as valid and reliable.

The survey distribution was consistent with the July 1, 2013 Estimates of Kentucky Census Data (Birth to 4) for race and ethnicity although the race/ethnicity groups are not aligned by the same groupings as the 619 race/ethnicity groupings. Returned surveys were consistent with survey distribution.

#### July 1, 2013 Estimates of Kentucky Census Data (Birth to 4)

National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2010-July 1, 2013, by year, county, single-year of age, bridged-race, Hispanic origin, and sex (Vintage 2013). Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from <a href="http://www.cdc.gov/nchs/nvss/bridged">http://www.cdc.gov/nchs/nvss/bridged</a> race.htm.

Race	Child Count	Total Birth to 4 KY Population	% of Birth to 4 population
Asian	4,088		1.49%
Black	25,866		9.41%
Hispanic	17,761	274,874	6.46%
Other	12,768		4.65%
White	214,391		78.00%

#### FFY 2013 Family Survey Distribution Data by Race

Race	Distributed Surveys	Total Distributed Family Surveys	% of Each Race Who Received a Family Survey
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Asian & Native Hawaiian or Other Pacific Islander	102		2.08%
Black or African American	387		7.89%
Hispanic/Latino	260	4904	5.30%
American Indian or Alaska Native	11	4904	.22%
Two or More Races	235		4.79%
White	3909		79.71%

#### FFY 2013 Return Rate Data by Race

Race	Surveys Returned	Total Returned Family Surveys	% of Total Returned
Asian & Native Hawaiian or Other Pacific Islander	36		2.32%
Black or African American	100		6.45%
Hispanic Latino	71	*1551	4.58%
American Indian or Alaska Native	4	1551	.26%
Two or More Races	65		4.19%
White	1275		82.21%

#### **Gender of Child in Survey**

	Number	Percent
Female	515	33.20%
Male	1036	66.80%
Total	*1551	100

## Gender based on July 1, 2013 Estimates of Kentucky Census Data (Birth to 4)

	Number	Percent	
Female	133,993	48.75%	
Male	140,881	51.25%	
Total	274,874	100	

<sup>\*</sup>This number represents the total number of surveys that were returned to the State Lead Agency. This total includes incomplete surveys that were submitted.

Prior to conducting the family survey, Service Coordinators were encouraged to obtain email addresses for families on their caseload and to enter them into Kentucky's data management system (TOTS). Point of Entry (POE) managers were informed when the surveys were distributed so they are able to notify staff. POE staff are encouraged to inform parents that they may receive a family survey and help them understand the importance of their feedback. (This year a comment box was added to both the online and paper versions of the family survey.) A list of families across the fifteen (15) POEs, whose child had participated in First Steps within 120-day period, was generated from TOTS. From that list, all families that had an email address on file were sent an onlince version of the family survey to complete. Families were given a month to complete the survey and weekly reminders were sent to encourage participation. The number of online surveys completed was 299. Once the deadline for the online survey ended, a list of the remaining names and addresses of First Steps program participants (census) was generated by TOTS. The list included families that did not have email addresses on file and those families who chose not to respond to the online version. Both the hard copy and online version of the family survey included both English and Spanish formats.

The State Lead Agency administered the disribution of the family survey. This ensured consistent data administration and survey management. The First Steps Parent Consultant's phone number and email address were provided to families should they have questions pertaining to the completion of the survey. When surveys were returned undeliverable, but with a forwarding address, surveys were re-sent.

All regions of the state are represented in the survey results. Analysis is done to determine the representativeness of the returned surveys in the areas of race and gender based on the July 1, 2013 Estimates of Kentucky Census Data (Birth to

4).

#### **Additional Information**

Although Kentucky exceeded the targets for FFY13, we are closely examining our 4C data. Although Kentucky has made extensive effots to improve the early intervention services that are provided through First Steps, providers across the state are slow to implement the Consultative and Primary Service Provider Models of service delivery. Kentucky has implemented the *Routines-Based Interview*, developed by Dr. Robin McWilliam, as the tool used for the family assessment and offered extensive training to service coordinators and to providers. All service coordinators went through a series of online modules as well as a two-day workshop that included practice and coaching. (This process continues as new Service Coordinators are hired.) POE managers were trained on the protocol (fidelity checklist) for observation and follow-up with each service coordinator. State Lead Agency Staff conducted chart reviews and held follow-up webinars to discuss findings. Kentucky First Steps also mandated training modules for early intervention service providers based on the family assessment, consultative model and primary service provider model. The State Lead Agency is still trying to determine the impact these efforts are having on service delivery. the family assessment, consultative model and primary service provider model. The State Lead Agency is still trying to determine the impact these efforts are having on service delivery.

#### **Required Actions**

#### Actions required in FFY 2012 response table

None

#### Responses to actions required in FFY 2012 response table

No response required due to exceeding state target, although Kentucky continues to explore options to enhance the family survey process.

#### **Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### **Historical Data and Targets**

#### Historical Data

Baseline Year: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≤		0.56%	0.66%	0.76%	0.86%	0.71%	0.71%	0.71%
Data	0.49%	0.60%	0.65%	0.74%	0.68%	0.65%	0.52%	0.55%

#### FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≤	.049%	0.51%	0.52%	0.52%	0.52%	0.52%

#### Targets: Description of Stakeholder Input

Plesse refer to the Stakeholder Input section of the Introduction

#### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	268	268
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and	54,403	54,403

#### **Explanation of Alternate Data**

The birth to one population from the Kentucky State Data Center website showed a lower number of children in this age range. That number was used in the calculation of the participation rate for this indicator.

#### FFY 2013 Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data
268	55,280	0.48%

Kentucky continues to struggle with meeting the target for this indicator. The national data indicates that 1.06% children aged birth to one participated in Part C services. Kentucky is serving less than half of that participation rate. A detailed analysis of the participation rate for children birth to one was conducted. It was determined that many potentially eligible children referred to the local Point of Entry were exited prior to IFSP development due to the inability of the POE to successfully locate the parents. This loss to follow up appears to be related to a lack of adequate staff and time at the POE resulting in fewer resources to conduct robust follow up strategies.

All POE Managers were trained on the *Four Degrees of Execution* model of program change and have used this methodology to develop a more rigorous child find plan specifically targeting the birth to one age population. Preliminary

data from the December 1, 2014 child count indicates a possible increase in the overal number of children participating in Part C but not enough to meet the target.

Kentucky has implemented a process to verify that children ages birth to three that are reported to the Kentucky Birth Surveillence Register are referred to First Steps. This process has referred approximently over twenty (20) children under the age of twelve (12) months in the first several months of implementation. This safety net for referrals has been a work in progress for the last three years.

#### **Required Actions**

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

#### **Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data and Targets** 

#### Historical Data

Baseline Year: \_\_2005\_\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≤		2.40%	2.45%	2.50%	2.55%	2.60%	2.65%	2.70%
Data	2.17%	2.26%	2.54%	2.90%	2.94%	2.76%	2.75%	2.67%

#### FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≤	2.53%	2.54%	2.55%	2.55%	2.55%	2.55%

#### Targets: Description of Stakeholder Input

Please see the Stakeholder Input section of the Introduction

#### Prepopulated Data

Source	Date	Description	I )ata	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	4,163	
		Population of infants and toddlers birth to 3	164,636	164,636

#### Explanation of Alternate Data

The birth to three population from the Kentucky State Data Center website showed a lower number of children in this age range. That number was used in the calculation of the participation rate for this indicator.

#### FFY 2013 Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data	
4163	164,636	2.53%	

This year's report indicates a participation rate less than FFY 12 state data and less than the national participation rate of 2.77%. A detailed analysis of the participation rate for children birth to three was conducted. It was determined that many potentially eligible children referred to the local POE were exited prior to IFSP development due to the inability of the POE to successfully locate the parents. This loss to follow up appears to be related to a lack of adequate staff and time at the POE resulting in fewer resources to conduct robust follow up strategies. An online portal for referrals has been developed and will go live in January 2015. This method of electronically sending referrals that contain key contact information may help POEs address the loss to follow-up issue.

All POE Managers were trained on the *Four Degrees of Execution* model of program change and have used this methodology to develop a more rigorous child find plan. Preliminary data from the December 1, 2014 child count indicates a possible 6% increase in children with an IFSP over December 1, 2013.

Data collected that describes how parents learn about First Steps services indicate that physicians continue to be the most common source of information to parents. Recently many of the POEs have targeted child find activities on physicians to increase referrals. First Steps early intervention providers are also a common source of information for

parents. There was a significant increase in the number of parents reporting that they learned about First Steps from posters and other printed materials (135% increase over FFY12).

Referrals for children with substantiated child abuse and neglect or evidence of substance abuse continue to increase. FFY 13 data indicate that 1,555 children birth to three were referred that met the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). Of those children, 1019 (66%) were found eligible for Part C services. Of the children eligible for Part C services, 787 (77%) actually had an IFSP developed and received services.

Claims data was reviewed to verify how many children with an IFSP were served that required an interpreter for language access during FFY13. Three hundred eighty-one (381) children received language access services which is an increase of one hundred three (103) children in FFY12. POEs have focused on increasing information about early intervention to families who are not English speakers this past year. Spanish continues to be the language most commonly requiring an interpreter; however, First Steps is able to provide language access services in over a hundred languages.

#### **Required Actions**

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

#### Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data and Targets** 

#### Historical Data

Baseline Year: \_\_\_\_2005\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	61.00%	92.50%	96%	97%	98.50%	99.42%	98.92%	98.16%

#### FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

#### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

#### FFY 2013 Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data
2498	3133	98.50%

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted when calculating the FFY 2013 Data)	597
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#### What is the source of the data provided for this indicator?

#### State monitoring

Describe the method used to select EIS programs for monitoring.

#### X State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Every referral of a child is entered into the online database management system known as TOTS. A unique identifier is assigned to the case. The system is designed to match the date of the initial IFSP with the date of referral and calculates the forty-five day time line. A report, Single Timeline Report, was generated for the date range indicated above (July 1, 2013-June 30, 2014) that includes all children who had an initial IFSP developed during the time period. POE Managers are required to verify the reason the initial IFSP is late each month. State Lead Agency staff review these monthly reports to verify the reason for late initial IFSPs. In preparation for submitting the Annual Performance Report, a different State Lead Agency staff person reviews the statewide

report to verify late initial IFSPs. This is then compared to the monthly POE reports for consistency.

#### **Additional Information**

A total of thirty-eight (38) initial IFSPs were developed past the forty-five (45) day timeline. The range in days late was one (1) to forty (40). Fifteen (15) of those cases were late because elgibility could not be determined until the medical information on the child was received. Medical records from the large university hospitals were not sent timely despite repeated requests by the POE staff and in some cases, parents. Five (5) cases were late because the contracted evaluator did not submit the initial evaluation report to the POE in a timely manner, thus delaying elgibility determination. Eighteen (18) cases were late because the service coordinator did not schedule the IFSP meeting until after the forty-five (45) day timeline. Reasons for this were unclear although a few were attributable to new service coordinators. The majority of the cases had service coordinators who have been working in the system for years. Skills in time managment and attention to upcoming deadlines are lacking by these service coordinators. POE Managers are required by contract to address these issues through the agency's employee performance procedures.

#### **Required Actions**

#### Actions required in FFY 2012 response table

None

#### Responses to actions required in FFY 2012 response table not including correction of noncompliance

None

#### **Correction of Previous Findings of Noncompliance**

#### Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	0

#### FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements SLA staff verified the correction of findings by implementing the following steps:

- 1. Reviewed child's record in TOTS focusing on date of referral and the date of the initial IFSP. Each child's record that was found in noncompliance was checked to ensure that the initial IFSP was held and finalized although later than forty-five (45) days from the referral date.
- 2. Checked data to determine if the reason for delay was a family-driven reason, an administrative reason or if the data was a result of a computer programming error.
- Once verified that the delay was due to an administrative-driven reason, the SLA then sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract.
- 4. The SLA verified continued correction of all new IFSPs by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

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Describe how the State verified that each LLA corrected each individual case of noncompliance

SLA staff verified the correction of findings by implementing the following steps:

- Reviewed child's record in TOTS focusing on date of referral and the date
  of the initial IFSP. Each child's record that was found in noncompliance
  was checked to ensure that the initial IFSP was held and finalized
  although later than forty-five (45) days from the referral date.
- 2. Checked data to determine if the reason for delay was a family-driven reason, an administrative reason or if the data was a result of a computer programming error.
- 3. Once verified that the delay was due to an administrative-driven reason, the SLA then sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract.
- 4. The SLA verified continued correction of all new IFSPs by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

#### FFY 2012 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

None

#### **Indicator 8: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### FFY 2013 Data: All Indicator 8 Sections

Number of toddlers with disabilities exiting Part C	4091
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3078

Transition into and out of Part C services was a topic of substantial training and technical assistance beginning in the late 1990s. Kentucky supported a broad perspective of transition as a key element when working with families in the Part C system, schools, Head Start, and child care for many years. The result appears to be that supporting transition is "just the way of business" in many areas of the state. Part C and Local Educational Agencies (LEAs) continue this collaborative work today with renewed interest as various early childhood initiatives are developed through the Race to the Top Early Learning Challenge Grant. Transition between early childhood programs is one of the activity areas that the regional Early Childhood Community Councils are required to address in the funding proposals.

#### **8A Historical Data and Targets**

#### Historical Data

Baseline Year: \_\_\_\_2005\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data		74.50%	89.00%	100%	100%	100%	100%	100%

#### FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

#### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

#### 8A FFY 2013 Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	4,091	
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	4091

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and <u>services at least 90 days</u>, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

•	Yes
O	No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data
4091	4,091	100%

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of toddlers with disabilities exiting Part C when calculating the FFY 2013 Data)	0
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es \_ Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and <u>services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.</u>

#### What is the source of the data provided for this indicator?

#### State monitoring

Describe the method used to select EIS programs for monitoring.

#### X State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

TOTS, the online database management system, serves as the electronic early intervention record. The IFSP section of TOTS requires a transition outcome in order to save the IFSP. Service Coordinators and early intervention providers are trained to include at least one outcome that addresses the appropriate transition that the child and family will deal with over the next six months. For children under the age of two (2), transition outcomes may address life evnts such as moving from hospitalizations to home, moving from non-ambulatory stages of development to walking, changes in home environment, etc. IFSPs for children older than two (2), the outcome focuses on exiting Part C services. The IFSP must contain steps and services to appropriately address the transition outcome listed in the IFSP. All IFSPs have transition steps and services that support the identified transition outcome, no matter the age of the child.

The transition outcome is included in the checklist for program review as an essential element for compliance with IFSP development. Further, transition outcomes are part of the results of the family assessment and are included in the fidelity reviews of family assessments.

#### **8A Required Actions**

#### Actions required in FFY 2012 response table

None

#### Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

#### **8A Correction of Previous Findings of Noncompliance**

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements

No findings were identified; therefore, no verification of correction

Describe how the State verified that each LLA corrected each individual case of noncompliance

No findings were identified; therefore, no verification of correction

#### **8B Historical Data and Targets**

#### Historical Data

Baseline Year: \_\_\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	93.90%	92.80%	100%	100%	100%	100%	100%

FFY 2013 - FFY 2018 Targets

	FFY	2013	2014	2015	2016	2017	2018
Target		100%	100%	100%	100%	100%	100%

#### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

#### 8B FFY 2013 Data

0011120	100	utu		
Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	4091

Data include notification to both the SEA and LEA?

•	Yes
$\circ$	Nο

Number of toddlers with disabilities exiting Pa C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part preschool services	Number of toddlers with disabilities exiting	FFY 2013 Data
4091	4091	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
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\_\_Yes\_\_ Data include notification to both the SEA and LEA.

#### Describe the method used to collect these data

Kentucky designates all children enrolled in Part C as potentially eligible for Part B services due to the restrictiveness of the Part C eligibility. A list of all children potentially eligible for Part B services is generated on a quarterly basis by Part C. The list originates from the birthdates for children with active records in TOTS. This list is dissaggregated by school district and forwarded to the Local Educational Agency (LEA). The list is also sent to the Kentucky Department of Education (KDE). Service Coordinators are required to verify that the LEA received the notification as part of the transition process. The total unduplicated number of notifications to the LEAs and KDE is then compared to original list to ensure no child was dropped between the lists.

NA If you have a written opt-out policy, is it on file with the Department?

#### **Additional Information**

An electronic file exhange process to the SEA was developed as part of a State Improvement Grant several years ago. There is a data-sharing agreement between Part C and the SEA to facilitate transition. The ongoing collaborative relationship between the agencies has resulted in consistently high rates of local coordination between LEAs and POEs. Families benefit from the positive relationships by participating in a smooth and effective transition process.

#### Actions required in FFY 2012 response table

None

#### Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

#### **8B Correction of Previous Findings of Noncompliance**

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

#### FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements There were no findings identified; therefore, no verification.

Describe how the State verified that each LLA corrected each individual case of noncompliance

There were no findings identified; therefore, no verification.

#### **8C Historical Data and Targets**

#### Historical Data

Baseline Year: \_\_\_\_2005\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	90%	78%	75.84%	89.80%	93.20%	99.40%	99.63%	99.46%

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

#### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

#### 8C FFY 2013 Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	2932

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

Yes

O No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data
2927	2932	99.83%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
Number of documented delays attributable to exceptional family circumstances (this number also will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0

\_YES\_ Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not

more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

#### What is the source of the data provided for this indicator?

#### State monitoring

Describe the method used to select EIS programs for monitoring.

#### X State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The online data management system, TOTS, includes a listing of children for each service coordinator and POE Manager of all children on the service coordinator's caseload with an upcoming transition period. The transition screen in TOTS includes a banner that clearly provides the window of time for the timely transition conference. Further, POE Managers monitor the timeliness of transition conferences monthly and address any administrative or provider issue with the service coordinator that resulted in an untimely transition conference. This monthly monitoring is verified by State Lead Agency staff. Each of the five (5) late cases had a transition meeting held although after the required timeline.

#### Additional Information

The number of children potentially eligible for Part B and who were eligible for a transition conference is less than the number reported in 8B due to the number of children who exited without having a transition conference. These children exited for the following reasons: met all IFSP goals (n=593), moved out of state (n=206), died (n=12) and/or parent withdrew without notification to the POE (n= 348). Formal transition meetings were not held although some of the children who met goals had a transition conference to discuss other services. The majority of children who moved had documentation in their records that the service coordinator had contacted the receiving program (with written consent of the parents) to arrange the sending of assessments and IFSP.

All five (5) conferences were held late due to Service Coordinators not scheduling meetings in timely manner despite the notices in TOTS to assist service coordinators with compliance to the regulation. Two (2) conferences were originally scheduled for last day prior to day ninety (90) and cancelled due to icy roads. The conferences could not be held before the timeline expired. The other three (3) appeared to be intentionally scheduled for dates past the ninety (90) day timeline for unknown reasons.

#### **8C Required Actions**

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

#### FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements The SLA verified correction of findings by implementing the following steps:

- Reviewed child's record on the TOTS system focusing on timely transition date range. This date range is automatically calculated by the TOTS system based on the child's date of birth. Each child's record that was found in noncompliance was checked to ensure that the transition conference was held between age two (2) years, (3) three months and up to ninety (90) days before the child's third birthday.
- 2) If there was an untimely transition meeting, the data were reviewed to determine if the reason for delay was a family-driven reason, an administrative reason, or a computer programming error.
- 3) Once confirmed that the delay was due to an administrative-driven reason, two actions occurred. One, SLA verified that a transition meeting was held (although late). Secondly, the SLA sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract.
- 4) The SLA verified continued correction by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

Describe how the State verified that each LLA corrected each individual case of noncompliance

The SLA verified correction of findings by implementing the following steps:

- 1) Reviewed child's record on the TOTS system focusing on timely transition date range. This date range is automatically calculated by the TOTS system based on the child's date of birth. Each child's record that was found in noncompliance was checked to ensure that the transition conference was held between age two (2) years, (3) three months and up to ninety (90) days before the child's third birthday.
- 2) If there was an untimely transition meeting, the data were reviewed to determine if the reason for delay was a family-driven reason, an administrative reason, or a computer programming error.
- 3) Once confirmed that the delay was due to an administrative-driven reason, two actions occurred. One, SLA verified that a transition meeting was held (although late). Secondly, the SLA sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract.
- 4) The SLA verified continued correction by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

#### **Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Indicator 9 is not applicable to Kentucky. Kentucky uses the Part C Dispute Resolution provisions of IDEA.

#### **Historical Data and Targets**

#### Historical Data

Baseline Data: \_\_\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

#### FFY 2013 - FFY 2018 Targets

	r zoro rargoto					
FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input		

#### FFY 2013 Data

#### FFY 2013 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2013 Data

#### **Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Kentucky has had no request for mediation since the data collection began. Kentucky Part C did not establish baseline or targets due to having no mediation data. This indicator is not applicable per the Part C SPP/APR Measurement Table. If the number of mediations reaches 10 or more in a future reporting period, a baseline and targets will be established.

#### **Historical Data and Targets**

#### Historical Data

Baseline Data: \_\_2005\_\_\_

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		80.%	80.%	80.%	80.%	80.%	80.%	80.%
Data		NO Mediations sessions have been held; no data to report.						

#### **Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

This indicator will be submitted no later than the due date of April 2, 2015. Due date was set by the Office of Special Education Programs. Once submitted, this indicator will be added to the public posting.

#### **Baseline and Targets**

#### Baseline Data

FFY	2013
Data	

#### FFY 2013 - FFY 2018 Targets

1112010 1112	71 1 2010 11 1 2010 Tangoto							
FFY	2014	2015	2016	2017	2018			
Target								

#### Targets: Description of Stakeholder Input

#### **Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

#### Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

# State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families A statement of the result(s) the State intends to achieve through the implementation of the SSIP. A description of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR

A description of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

#### **Selection of Coherent Improvement Strategies**

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

#### **Theory of Action**

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Optional Description